N	\ISS	OL	IRI	D۱۱	VISI	ION OF HEALTH - STANDARD CERTIFICATE, OF DEATH 263-()25	228
OEP. ON NOT WRITE ON THIS STUB	ARTI	AME	NDED	PUE	Re F	gistration District No. 25 1963 Primary Registration District No. Registrat's No. 15 3 STATE LED JUN 25 1963	FILE NUM	BER
VS 300	وا			1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If inst a. COUNTY Nodaway a. STATEM 8 SOUTI b. COUNTY Nodawa	itution: Re	esidence before admission)
Rev. 4/59	AMENDED					the Correction of the Correcti		Inside Limits
10240	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location)		Yes No.
20740	DATE					HOSPITAL OR INSTITUTION Wallin Nursing Home Yes K No C ADDRESS RFD	- 1	Yes D No 💆
3	- -				3.	NAME OF DECEASED. First Middle Last 4. DATE Month OF DEATH OF DEATH June 11	Day 19	Year 963
4_/		11				SEX 6. COLOR OR RACE 7. Married Never Marrie 8. B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER	1 YEAR	
5 0						Female White Washed 10/24/1883 79		HAT COUNTRY
6	W.S					during most of working life, even if retired) Home (?) Washington U.S	•	
7 /	FOLLOW				13a	FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OF H		
8 2	AS F				15.	WAS DECEASED EVEN IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO: 17. INFORMANT Address		 .
9444X	SE.		-		— ·	is, no, or unknown) (If yes, give war or dates of servi	INTE	RVAL BETWEEN
10	۷ ک			MEN		18. CAUSE OF DEATH (Enter only, one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Hypostatic pneumonia	ONS 3	hours
11	RECORD:	1 1		DOCUMEN		Conditions if any Due to (b) Myocardial failure	3	days
12 86-2	THIS RE		-			Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) Chronic hypertension	1.	years
	S) '		:	ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If de		ras female was y in last 90 days.
	57			_	CAT	Influenza: Senility: Mental retardation & anxiety		1 —
	AMENDMENT			-	CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES NO C	•	f item 18.)
y Ö	AME		_		EDICAL	20c. TIME OF Hour Month, Day; Year INJURY s.m.	· Letter of	
K INK RIBBON				-	▼	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.)	Υ	STATE
BLACK OR RITER F	PEAN			**		21. I attended the deceased from March 17, 1959, to June 11, 1963 and last saw her alive on June	11, 1	1963.
8 8	٥ - ١٠	١,		-	الما د	Death occurred at 12:50 m on the date stated above, and to the best of my knowledge, fr	om the cau	22c: DATE SIGNED
USE BLAC OR TYPEWRITER	· , a	2	 	VIT.OF	,	22a: \$1064 TURE 22b. ADDRESS 22b. ADDRESS Box 388, Clearmont, Mo	. j. [6	5/15/63
_	<u> </u>		$\vdash \vdash$	AFFIDAV	23.0	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or cour REMOVAL (Specify) 6/13/63 Burr Oak Cemetery (RFD) Skidmore	Mo_	(State)
	TEAA			BY AFF		DYS1 6/13/63 Burr Oak Cemetery (CHFD) Skidmore. Elker Objection Burlington Jot Mo 6 15 6 3 26 REGISTRAR'S SIGNATURE A Warm Burlington Jot Mo	306	25
	I [`	- 1	ı I	CL.	. 7	7		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. 156

Ruging Street

केल्याहरी स्थापत विकास विकास

. b - 20